

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 11/19/2007		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 11/21/2007						
		FINANCIAL PAYER: NCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8535	5	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				
		0	0		0	5	5	0
3404904	WESTERN HIGHLAN DS LME	8505	115	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	105	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	306	5365	5059
		23	40	SERVICE REQUIRES PRIOR APPROVA L				
3404910	PATHWAYS	8505	154	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	68	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	351	3904	3553
		11	33	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404912	CATAWBA COUNTYM ENTAL HEALT	8599	59	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	24	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	1	140	4421	4281
		79	12	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404913	MECKLENBURG COM ENTAL HEALT	8505	6881	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	1111	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	10457	10910	453
		79	1094	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404916	CROSSROADS BEHA VIORAL HEAL	8599	125	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		79	8	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	142	3602	3460
		10	3	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404917	CENTERPOINT HUM AN SERVICES	8505	317	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	53	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	489	4802	4313
		8800	40	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404919	GUILFORD CO MEN TAL HEAL/THC	8505	8008	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8508	1660	CLAIM DENIED NO BUDGET FOUND	0	11120	12550	1430
		8800	1111	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404920	ALAMANCE CASHEL L AREA MH D	5404	72	SEVERE DUPLICATE! SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
		79	8	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	100	2172	2072
		670	6	OTHER DIAGNOSIS CODE 4 IS INVA LID				
3404921	ORANGE PERSON C HATHAM AREA	8534	27	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		4102	14	YOU ARE ATTEMPTING TO ADJUST A CLAIM THAT IS EITHER NOT FOUND ON OUR FILE OR IS NOT FO	0	75	738	663
		8329	12	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404922	THE DURHAM CENT ER	8505	881	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	294	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	1289	3713	2424
		21	77	DUPLICATE OF CLAIM-SYSTEM				
3404923	FIVE COUNTY MH	8505	825	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8508	513	CLAIM DENIED NO BUDGET FOUND	0	1413	1427	14
		8800	27	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	12836	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8508	2268	CLAIM DENIED NO BUDGET FOUND	18	16587	17312	725
		8800	779	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404926	SOUTHEASTERN RE G MENTAL HL	21	1295	DUPLICATE OF CLAIM-SYSTEM				
		8599	675	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	137	3895	9259	5364
		8536	356	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404927	CUMBERLAND CO M HC	21	130	DUPLICATE OF CLAIM-SYSTEM				
		11	51	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	272	732	460
		8518	44	*CLAIM DENIED. SUBMITTED BEYO ND TIMELY FILING LIMIT IN EFFECT FOR THIS FISCAL YEAR				
3404930	JOHNSTON COUNTY MNTL HLTHC	21	40	DUPLICATE OF CLAIM-SYSTEM				
		8599	24	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3	71	366	295

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
		8931	3	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404931	WAKE CO HUM SVC BILLING OF	21	409	DUPLICATE OF CLAIM-SYSTEM				
		8599	380	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	103	1893	9099	7206
		8505	266	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	183	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	68	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	332	4770	4438
		27	43	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB				
3404934	ONSLow CARTERET BEHAV HEAL	8518	276	*CLAIM DENIED. SUBMITTED BEYO ND TIMELY FILING LIMIT IN EFFECT FOR THIS FISCAL YEAR				
		8535	145	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH	0	739	1929	1190
		8534	135	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	THE BEACON CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	191	5	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
		8599	4	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	13	1306	1293
		21	2	DUPLICATE OF CLAIM-SYSTEM				
3404939	EAST CAROLINA B EHAVIORAL H	8599	51	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		3411	37	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	0	169	2935	2766
		537	26	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
3404941	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404943	ALBEMARLE MENTA L HEALTH CE	8599	287	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8536	46	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	4	425	3171	2746
		79	14	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				

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PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404944	EASTPOINTE HUMA	21	145	DUPLICATE OF CLAIM-SYSTEM				
	N SERVICES							
		8599	15	DETAIL NOT COVERED BY COMBINAT	0	176	3385	3209
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8952	4	CLAIM DENIED DUE TO AGE RESTRI				
				CTIONS FOR TARGET POPULATION				
3404946	FOOTHILLS AREAM	21	95	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							
		143	6	CLIENT ID NUMBER NOT ON STATE	0	112	3699	3587
				ELIGIBILITY FILE				
		8564	5	SERVICE EXCEEDS THE ALLOWABLE				
				OF ONE OCCURRENCE WITHIN AN				
				ELIGIBILITY PERIOD.				